Appropriate of the Community of the Comm

	PATI	ENT APPLIC	ATION	FEE DETER	RMINATION	N RECORD	1:	<b>~</b> 45°;≥1	20,8	56	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR :	OTHER SMALL I		
FOR NUMBER FILED NUMBER EXTRA					RATE	FEE	·	RATE	FEE	<del>.</del>	
EASIC FEE (37 CFR 1.16(a))						٤	OR		\$		
OTA	KL CLAIMS FR 1.16(c))	15	minus 20			x. \$ =		OR	x \$ =		:
NDEPENDENT CLAIMS 37 CFR 1.16(b))  2 minus 3 =					λ ξ =		· OR	λ S=			
_		NT CLAIM PRESEN		7 CFR 1.16(c):		÷		OR	+5=		}
						<u> </u>		OR	TOTAL	<del></del> ;	
if tr	e difference in c	olumn 1 is less tha	n zero, en	ter 101 in column 3	<u>!</u> .	TOTAL (		J OK	TOTAL [		·
	CL	AIMS AS AMI	ENDED	- PART II				• • • •	·. OTHER		
		(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR	SMALL		
∀ <del> </del>		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
AMENDMENT	Total (37 CFR 1,16(c))	AMENDMENT	Minus	20		x \$=		OR			
읽	Independent (30 CFR 1 19(h))	. 2	Minus	<del>"</del> ع	-	x \$=		OR:			
Š		ATION OF MULTIPLE	- 0505405	NT CLANA 127.55	D 1 16/du			OR	\$		
<u>ا</u>	FIRST PRESENT	ATION OF MULTIPLE	EDEPENDE	NT CEARS 127 CF	K (, lu(c))	+ 5 = TOTAL		1	#\$_, =:		
						ADD'L FEE		OR	ADD L FEE		1
		(Column 1)	<del>,                                    </del>	(Column 2) HIGHEST	(Column 3)			1			1.
NT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1.0°
<b>AMENDMENT</b>	Total	•	Minus	• .	=	x s=		OR	<u></u>		
Z	Independent (37 CFR 1,19(b))	•	Minus	•••	=	X \$=		OR		****	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	A		
\						TOTAL ADD'L FEE		OR:	ADD'L FEE		
		• *			.*	ADDEFEE	L	ے ``` ا			1
	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST						<del></del>	1			1
ပ		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADÓI- TIONAL		CRATE	ADDI-	1.5 1.5
E E		AMENDMENT		PAID FOR	=		FEE	-	<u></u>	FEE	
2	CV CFR 1966		Minus			λ 5=		OR	<u>Z</u> \$=		
<b>AMENDMENT</b>	Independent (37 CFR 1,16(b))		Minus		=	x \$=	<u> </u>	OR	*	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18.d))					+ s='.		OR	₹ 5=	z.: :: .	] .·
						TOTAL ADD L FEE		OR .	ADD'L FEE		
	• If the entry in o	column 1 is less th	an the entr	y in column 2, with	te 10° in occumn	3.		<b>-</b> :	i Î trebi		2
	* If the "Highest	Number Previous	v Paid For	IN THIS SPACE	is less than 3, e	enter "20". inter "3". est number found in	•				1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed accident form to the USPTO. Time with viting depending upon the individual case. Any comments on the amount of time you require to complete this form ancior suggestions for reducing this burder is should be sent to the Chief information Officer, U.S. Patert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.